



THE COMMONWEALTH OF MASSACHUSETTS

Town of Carlisle

Date: _____.

BUSINESS CERTIFICATE APPLICATION/RENEWAL

All applications must meet the Carlisle Zoning Bylaws §3.2

FEE of \$25.00 for four (4) year Certificate

Full Name(s) of Business Owner(s): _____

Business Name: _____

Street Address: _____ Carlisle, MA 01741

Mailing Address (if different): _____

Phone number where you may be contacted: _____

Detailed description of the proposed business: _____

What equipment for this business will be stored at this location? _____

If no, where is the location it is stored: _____

Will there be other employees at this location? If yes, how many: _____

Will customers/clients/pupils come to the location for consultation/instruction? _____

Will there be parking of any motor vehicles in conjunction with this business? _____

Will there be a sign? _____

BUILDING DEPT RELATED

CLERK USE ONLY
☐ N/A

Must be signed off by the Building Commissioner PRIOR to issuance of Business Certificate

Building Dept Official

Date

Comments: _____

In conformity with the provisions of CH 100, §5 of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

Business Name: _____
Please indicate if this business is incorporated

Social Security or Federal ID #: _____

Nature of Business: _____

is conducted at (Physical Location of Business): _____ Carlisle, MA 01741

by the following named persons or corporation (if corp., include the title of the corporate officer signing):

FULL NAME(S)

RESIDENCE(S)

Must be signed in presence of a Notary Public or Town Clerk Staff.

Signature

Signature

Signature

Signature

The Commonwealth of Massachusetts, Middlesex ss.

Date: _____

Personally appeared before me the above-named _____, proved his/her identification with satisfactory evidence, which were _____ and made oath that the foregoing statements are true. Signed and sealed.

Notary/Town Clerk Staff Printed Name

Notary/Town Clerk Staff Signature

My Commission Expires: _____

Notary Seal:

TOWN CLERK STAFF USE

\$25.00 fee paid by (circle one): cash / check / money order / online Check No.: _____

Checked database to confirm this name is not already in use (initial) _____